



Beauty Without Cruelty

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Cosmetics Research Questionnaire

*This questionnaire is to be filled up if you wish your cosmetics or toiletry product to find a place in our **Vegetarian Shoppers' Guide** circulated nationwide.*

- *Separate form for each product.*
- *Only one product per form.*
- *This form may be xeroxed.*

Completed forms to be sent in to address on top.

*Before filling out, please read the instructions inside.
Before sending it in, please read the check list at the back.*

I Details of Product (for which filling out this questionnaire)

1 Product class (e.g., talcum powder, face cream, soap, moisturiser, eye liner):

2 Brand Name: _____

3 Product wrapper: Please affix in the space overleaf (please turn over).

II Details of Manufacturer

4 Name: _____

5 Address: _____

6 Tel: _____ 7 Fax: _____ 8 e-mail: _____

Product Wrapper

In this space, please staple the whole wrapper or label of your product, showing the list of ingredients of your product.

NOTES on filling out this questionnaire

- Please enter corrections required to your address or name in the *Details of manufacturer* section.
- **Do not forget to affix your product wrapper (showing all the ingredients) in the space above.**
- ***Any unanswered questions could be cause for rejection of the questionnaire.***
- Please provide the exact origin (animal/vegetable/mineral) of the ingredient and the supplier details of the same wherever indicated. ***The form will be considered incompletely filled without information about your supplier.***
- It is mandatory to answer all questions in sections IV–VIII (*Product Manufacture, Product Labels, Product Testing, Product Packaging, Product Marketing*).
- Do not forget to fill the Manufacturer's statement (Section X). **Above all, do not forget to sign AND rubber stamp.** The whole effort of filling out the questionnaire would be wasted by not signing the statement or not applying your company's rubber stamp.

III Product Ingredients

In this part of the questionnaire, we wish to know the ingredients of your product. For your convenience, the sections (3-A, 3-B, etc.) of this part carry titles like Animal bones, Animal Fats, etc. to convey to you the class of the ingredients listed about which we want information. Please go through each section, and even if you feel that that it does not pertain to your product, read the example given, and for each substance listed in the tables, answer the question “Does your product contain <that substance>?” by ticking in one of the Yes or No boxes next to it. If you feel that the table does not list some ingredient that you might be using, please make use of the ‘Others’ item in a relevant table to provide details of the said ingredient that we missed listing.

3-A Animal bones, nails, claws, etc.

In this section, please indicate whether you have used any substance originating from the bone structure of any animal, for example, animal bones, nails, claws, etc., in making your product.

EXAMPLE: Suppose you are filling up this form for toothpaste or calcium supplements manufactured by you containing bone phosphate, please tick the box against ‘Yes’ on the line containing the substance name ‘Bone phosphate.’

Does your product contain any...

Bones	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Bone charcoal	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Bone phosphate	<input type="checkbox"/> No	<input type="checkbox"/> Yes

Boneblack	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Bone ash	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Calcium phosphate	<input type="checkbox"/> No	<input type="checkbox"/> Yes

Other substances derived from animal bones, nails, claws: No Yes, Specify: _____

3-B Animal fats/oils

In this section, please indicate whether you have used any substance originating from animal fat or any oil originating from animals’ bodies in making your product.

EXAMPLE: Suppose you are filling up this form for soap that you manufacture, and mutton tallow is used in making it, please tick the box against ‘Yes’ on the line containing the substance name ‘Tallow’, or for Vitamin A supplements and Cod-liver oil is used in making it, please tick ‘Yes’ against ‘Cod-liver oil’.

Does your product contain any...

Fat of any animal (e.g. dog fat, poultry fat): No Yes, Specify: _____

Oils derived from any animal (e.g. porpoise, fish, lizard, mink): No Yes, Specify: _____

Neat’s foot oil	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Orange roughy oil	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Silk oil	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Cod-liver oil	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Emu oil	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Fish-liver oil	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Shark-liver oil	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Squid-liver oil	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Fletan oil	<input type="checkbox"/> No	<input type="checkbox"/> Yes

Marine oil	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Sperm oil	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Bone oil	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Lard	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Imitation lard of animal origin	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Tallow	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Tallow compounds	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Drippings	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Bone fat	<input type="checkbox"/> No	<input type="checkbox"/> Yes

Bone tallow	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Suet	<input type="checkbox"/> No	<input type="checkbox"/> Yes

Squalane/Squalene	<input type="checkbox"/> No	<input type="checkbox"/> Yes
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Other substances derived from animal fats or oils: No Yes, Specify: _____

3-C Animal proteins

In this section, please indicate whether you have used any substance originating from animal proteins in making your product.

EXAMPLE: Suppose you are filling up this form for hair preparations manufactured by you, and keratin is used in making it, please tick the box against 'Yes' on the line containing the substance name 'Keratin'.

Does your product contain any...

Collagen	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Cysteine/ cystine	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Elastin	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Keratin	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Methionine	<input type="checkbox"/> No	<input type="checkbox"/> Yes

Reticulin	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Egg protein	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Milk protein	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Silk protein	<input type="checkbox"/> No	<input type="checkbox"/> Yes

Other animal-derived proteins: No Yes, Specify: _____

3-D Bee products

In this section, please indicate whether you have used any substance originating from bee products in making your product.

EXAMPLE: Suppose you are filling up this form for a nutritional supplement that you manufacture, and honey is used in making it, please tick the box against 'Yes' on the line containing the substance name 'Honey' or for a lipstick containing beeswax, please tick the box against 'Yes' on the line containing the substance name 'Beeswax'.

Does your product contain any...

Bee pollen	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Bee venom	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Beeswax	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Honey	<input type="checkbox"/> No	<input type="checkbox"/> Yes

Honeycomb	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Queen bee larva	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Propolis	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Royal jelly	<input type="checkbox"/> No	<input type="checkbox"/> Yes

Any other bee product: No Yes, Specify: _____

3-E Dairy Products

In this section, please indicate whether you have used any substance originating from animal milk in making your product.

EXAMPLE: Suppose you are filling up this form for a lotion that you manufacture, and milk is used in it, please tick the box against 'Yes' on the line containing the substance name 'Milk', or for homeopathic medicine which utilize goat milk, tick 'Yes' against 'Milk'.

Does your product contain any...

Milk. If yes, animal: _____	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Milk Powder	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Curds	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Yoghurt	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Cream	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Butter	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Buttermilk	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Clarified Butter/Ghee	<input type="checkbox"/> No	<input type="checkbox"/> Yes

Casein/caseinates	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Lactates	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Lactic Acid	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Lactose	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Milk Albumin	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Milk Protein	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Tyrosine	<input type="checkbox"/> No	<input type="checkbox"/> Yes

Others products/derivatives of animal milk: No Yes, Specify: _____

3-F Eggs/Egg products

In this section, please indicate whether you have used any substance originating from **the eggs of any bird or eggs of any fish** in making your product.

EXAMPLE: Suppose you are filling up this form for shampoo that you manufacture, and eggs are used in making it, please tick the box against 'Yes' on the line containing the substance name 'Eggs.'

Does your product contain any...

Egg	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Egg white	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Egg yolk	<input type="checkbox"/> No	<input type="checkbox"/> Yes

Egg powder	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Egg albumen/albumin	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Egg-protein	<input type="checkbox"/> No	<input type="checkbox"/> Yes

Other substances derived from eggs: No Yes, Specify: _____

3-G Flesh/blood products

In this section, please indicate whether you have used any substance originating from the **flesh or blood of any animal, bird, or fish** in making your product.

EXAMPLE: Suppose you are filling up this form for pharmaceutical products (tonics) that you manufacture, and albumin derived from the blood of any animal is used in making it, please tick the box against 'Yes' on the line containing the substance name 'Blood of any animal/bird/fish.'

Does your product contain ...

Flesh of any animal (e.g. goat, cow, pig, turtle, etc.), or bird (e.g. ostrich, chicken, duck, etc.), or fish or any other aquatic creature: No Yes, Specify: _____

Blood/dried blood of any animal. If Yes, specify: _____	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Albumin	<input type="checkbox"/> No	<input type="checkbox"/> Yes

Other substances derived from animal flesh/blood: No Yes, Specify: _____

3-H Insect parts

In this section, please indicate whether you have used any substance originating from **insects or insect parts** in making your product.

EXAMPLE: Suppose you are filling up this form for hair sprays that you manufacture, and Shellac is used in making it, please tick the box against 'Yes' on the line containing the substance name 'Shellac/Lac.'

Does your product contain any...

Insects or crushed insect parts (e.g. crushed snails)	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Aleuritic acid	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Cantharis / Spanish fly	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Canthardine/ Cantharidic acid	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Carmine/carminic acid	<input type="checkbox"/> No	<input type="checkbox"/> Yes

Chitin/Chitosan	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Cochineal	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Shellac/Lac	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Silk powder	<input type="checkbox"/> No	<input type="checkbox"/> Yes

Other substances obtained from insects: No Yes, Specify: _____

3-I Internal organs/fluids/glands, etc. of animals

In this section, please indicate whether you have used any substance originating from **internal organs/fluids/glands, etc. of animals** in making your product.

EXAMPLE: Suppose you are filling up this form for a perfume that you manufacture, and ambergris is used in making it, please tick the box against 'Yes' on the line containing the substance name 'Ambergris.' Or for sutures made of Catgut, please tick the box against 'Yes' on the line containing the substance name 'Catgut'.

Does your product contain any...

Ambergris	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Amniotic fluid	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Amylase	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Animal rennet	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Aorta extract	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Catgut	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Embryo extract	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Endocrine glands	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Gall bladders	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Liver extract	<input type="checkbox"/> No	<input type="checkbox"/> Yes

Pepsin	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Placenta/ Umbilical cord blood	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Ox bile	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Snake venom	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Testicular gland	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Thymus gland	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Udder extract	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Gelatin(e)	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Heparin	<input type="checkbox"/> No	<input type="checkbox"/> Yes

Other substances derived from internal animal parts: No Yes, Specify: _____

3-J Marine products

In this section, please indicate whether you have used any substance originating from **marine animal products** like **pearls, shells, coral, etc.**, in making your product.

EXAMPLE: Suppose you are filling up this form for face creams that you manufacture, and pearls are used in making it, please tick the box against 'Yes' on the line containing the substance name 'Pearls', or for Ayurvedic medicine using shell, please tick 'Yes' against 'Shells'.

Does your product contain any...

Capiz	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Chitin/Chitosan	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Coral	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Crab shell	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Fish meal	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Fish scales	<input type="checkbox"/> No	<input type="checkbox"/> Yes

Isinglass/isinglass finings	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Mother-of-pearl	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Natural sponge	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Pearls	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Shells	<input type="checkbox"/> No	<input type="checkbox"/> Yes

Other Marine products: No Yes, Specify: _____

3-K Miscellaneous items of animal origin

Please indicate by ticking in the boxes next to Yes or No whether or not any of the following substances are ingredients of your product.

EXAMPLE: Suppose you are filling up this form for shaving cream that you manufacture, and allantoin is used in making it, please tick the box against 'Yes' on the line containing the substance name 'Allantoin', or for ointments and 'Lanolin' is used, please tick 'Yes' against 'Lanolin'.

Does your product contain any...

Allantoin	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Arachidonic acid	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Calcium mesoinositol - hexaphosphate	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Chondriotine	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Duodenum substances	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Hyaluronic acid	<input type="checkbox"/> No	<input type="checkbox"/> Yes
L'cysteine hydrochloride	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Lanolin(e)/ Woolfat	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Lipase	<input type="checkbox"/> No	<input type="checkbox"/> Yes

Nucleic acid	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Quaternium	<input type="checkbox"/> No	<input type="checkbox"/> Yes
RNA/DNA/polypeptides	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Sodium 5-inosinate	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Spermaceti	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Vitamin B ₁₂	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Vitamin D ₃	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Vitamin A	<input type="checkbox"/> No	<input type="checkbox"/> Yes

NOTE:

In the sections 3-L and 3-M, please indicate whether you have used any substance listed in the tables in making your product. Also, for *every* item for which you answer 'Yes,' please indicate alongside the name, address, and telephone number of your supplier of that item. We will need to follow up with the supplier to get the information before certifying your product free of animal ingredients. If the item is manufactured by you in-house, use 'self' to indicate so.

Because these items are known to be obtainable from animal sources *also*, we would like your help in ascertaining their origin if you have indicated that you use any. The origin of any substance is either animal, plant, or mineral. We are interested in learning of the *root origin* of the substance, which can be either animal or plant or mineral. Do not write 'chemical' or 'synthetic'—that is not the classification we are looking for. Chemicals like lime could be of animal origin (shells) and synthetics like Rayon of plant origin (cellulose).

3-L Items of dubious origin

Does your product contain any...

Name of substance	Answer		Origin (Animal/ Plant/ Mineral)	Supplier's details: Complete address, Tel/Fax nos., e-mail
Alpha hydroxy acids	<input type="checkbox"/> No	<input type="checkbox"/> Yes		
Amino acids	<input type="checkbox"/> No	<input type="checkbox"/> Yes		
Aspartic acid	<input type="checkbox"/> No	<input type="checkbox"/> Yes		
Benzoic acid	<input type="checkbox"/> No	<input type="checkbox"/> Yes		
Biotin (Vitamin B factor)	<input type="checkbox"/> No	<input type="checkbox"/> Yes		
Calcium alginate	<input type="checkbox"/> No	<input type="checkbox"/> Yes		
Calcium propionate	<input type="checkbox"/> No	<input type="checkbox"/> Yes		
Calcium stearate	<input type="checkbox"/> No	<input type="checkbox"/> Yes		
Caprylic acid	<input type="checkbox"/> No	<input type="checkbox"/> Yes		
Carotene/beta-carotene	<input type="checkbox"/> No	<input type="checkbox"/> Yes		
Castoreum	<input type="checkbox"/> No	<input type="checkbox"/> Yes		
Ceramides	<input type="checkbox"/> No	<input type="checkbox"/> Yes		
Cetyl alcohol/palmitates (cetyl)	<input type="checkbox"/> No	<input type="checkbox"/> Yes		
Cholesterin/Cholesterol	<input type="checkbox"/> No	<input type="checkbox"/> Yes		
Civet	<input type="checkbox"/> No	<input type="checkbox"/> Yes		

Name of substance	Answer		Origin (Animal/ Plant/ Mineral)	Supplier's details: Complete address, Tel/Fax nos., e-mail
Cortisone/Corticosteroid	<input type="checkbox"/> No	<input type="checkbox"/> Yes		
Creatine	<input type="checkbox"/> No	<input type="checkbox"/> Yes		
Dicalcium Phosphate	<input type="checkbox"/> No	<input type="checkbox"/> Yes		
Fatty acids	<input type="checkbox"/> No	<input type="checkbox"/> Yes		
Glutamic acid	<input type="checkbox"/> No	<input type="checkbox"/> Yes		
Glycerin(e)/glycerol	<input type="checkbox"/> No	<input type="checkbox"/> Yes		
Hydrolysed protein	<input type="checkbox"/> No	<input type="checkbox"/> Yes		
Lecithin	<input type="checkbox"/> No	<input type="checkbox"/> Yes		
Linoleic acid	<input type="checkbox"/> No	<input type="checkbox"/> Yes		
Lipoids/lipids	<input type="checkbox"/> No	<input type="checkbox"/> Yes		
Lutein	<input type="checkbox"/> No	<input type="checkbox"/> Yes		
Magnesium stearate	<input type="checkbox"/> No	<input type="checkbox"/> Yes		
Milk powder containing lecithin	<input type="checkbox"/> No	<input type="checkbox"/> Yes		
Mono- and di-glycerides	<input type="checkbox"/> No	<input type="checkbox"/> Yes		
Monostearates	<input type="checkbox"/> No	<input type="checkbox"/> Yes		
Musk	<input type="checkbox"/> No	<input type="checkbox"/> Yes		
Myristates/myristic acid/ isopropyl myristate	<input type="checkbox"/> No	<input type="checkbox"/> Yes		
Nakhla	<input type="checkbox"/> No	<input type="checkbox"/> Yes		
(O)estrogen	<input type="checkbox"/> No	<input type="checkbox"/> Yes		
Olein/ Oleates	<input type="checkbox"/> No	<input type="checkbox"/> Yes		
Oleic acid	<input type="checkbox"/> No	<input type="checkbox"/> Yes		
Oleyl alcohol	<input type="checkbox"/> No	<input type="checkbox"/> Yes		
Oleostearin	<input type="checkbox"/> No	<input type="checkbox"/> Yes		

Name of substance	Answer		Origin (Animal/ Plant/ Mineral)	Supplier's details: Complete address, Tel/Fax nos., e-mail
Palmitic Acid	<input type="checkbox"/> No	<input type="checkbox"/> Yes		
Palmitin	<input type="checkbox"/> No	<input type="checkbox"/> Yes		
Panthenol dexpanthenol/ Vitamin B complex factor	<input type="checkbox"/> No	<input type="checkbox"/> Yes		
Pearl essence (EGMS) / guanine	<input type="checkbox"/> No	<input type="checkbox"/> Yes		
Phospholipids	<input type="checkbox"/> No	<input type="checkbox"/> Yes		
Pristane	<input type="checkbox"/> No	<input type="checkbox"/> Yes		
Polysorbates	<input type="checkbox"/> No	<input type="checkbox"/> Yes		
Progesterone	<input type="checkbox"/> No	<input type="checkbox"/> Yes		
Quinoline	<input type="checkbox"/> No	<input type="checkbox"/> Yes		
Sarcosines	<input type="checkbox"/> No	<input type="checkbox"/> Yes		
Stearate/stearic acid/stearin(e)	<input type="checkbox"/> No	<input type="checkbox"/> Yes		
Steroids	<input type="checkbox"/> No	<input type="checkbox"/> Yes		
Sugar/invert sugar/invert syrup	<input type="checkbox"/> No	<input type="checkbox"/> Yes		
Testosterone	<input type="checkbox"/> No	<input type="checkbox"/> Yes		
Tween 20/40/60/65/80	<input type="checkbox"/> No	<input type="checkbox"/> Yes		
Urea (Carbamide)	<input type="checkbox"/> No	<input type="checkbox"/> Yes		
Vitamin A/retinol/acetate/palmitate	<input type="checkbox"/> No	<input type="checkbox"/> Yes		
Vitamin D	<input type="checkbox"/> No	<input type="checkbox"/> Yes		
Vitamin E	<input type="checkbox"/> No	<input type="checkbox"/> Yes		
Other Vitamins: choline, inositol, riboflavin, folic acid, etc.	<input type="checkbox"/> No	<input type="checkbox"/> Yes		
Whey	<input type="checkbox"/> No	<input type="checkbox"/> Yes		

3-M Common additives/processing aids/procedures

Does your product contain any...

Name of substance	Answer		Name of additive and origin (Animal/ Plant/ Mineral)	Supplier's details: Complete Address, Tel/fax nos., e-mail
Acids	<input type="checkbox"/> No	<input type="checkbox"/> Yes		
Bases	<input type="checkbox"/> No	<input type="checkbox"/> Yes		
Acidity regulators / Buffering agents / Neutralisers	<input type="checkbox"/> No	<input type="checkbox"/> Yes		
Anti-caking agents/ dessicants	<input type="checkbox"/> No	<input type="checkbox"/> Yes		
Anti-foaming agents	<input type="checkbox"/> No	<input type="checkbox"/> Yes		
Antioxidants	<input type="checkbox"/> No	<input type="checkbox"/> Yes		
Bleaching agents	<input type="checkbox"/> No	<input type="checkbox"/> Yes		
Clarifying agents	<input type="checkbox"/> No	<input type="checkbox"/> Yes		
Clotting agents	<input type="checkbox"/> No	<input type="checkbox"/> Yes		
Colourants	<input type="checkbox"/> No	<input type="checkbox"/> Yes		
Condiments	<input type="checkbox"/> No	<input type="checkbox"/> Yes		
Conditioners	<input type="checkbox"/> No	<input type="checkbox"/> Yes		
Enzymes	<input type="checkbox"/> No	<input type="checkbox"/> Yes		
Fining agents	<input type="checkbox"/> No	<input type="checkbox"/> Yes		
Fragrance/Perfume	<input type="checkbox"/> No	<input type="checkbox"/> Yes		
Gelling agents	<input type="checkbox"/> No	<input type="checkbox"/> Yes		
Glazing agents / Pearl Essence	<input type="checkbox"/> No	<input type="checkbox"/> Yes		
Humectants	<input type="checkbox"/> No	<input type="checkbox"/> Yes		
Viscosity modifier	<input type="checkbox"/> No	<input type="checkbox"/> Yes		
Pigments	<input type="checkbox"/> No	<input type="checkbox"/> Yes		
Preservatives	<input type="checkbox"/> No	<input type="checkbox"/> Yes		

Name of substance	Answer		Name of additive and origin (Animal/ Plant/ Mineral)	Supplier's details: Complete Address, Tel/fax nos., e-mail
Sequestering agents	<input type="checkbox"/> No	<input type="checkbox"/> Yes		
Solvents	<input type="checkbox"/> No	<input type="checkbox"/> Yes		
Stabilisers	<input type="checkbox"/> No	<input type="checkbox"/> Yes		
Starches / Thickeners	<input type="checkbox"/> No	<input type="checkbox"/> Yes		
Strengtheners	<input type="checkbox"/> No	<input type="checkbox"/> Yes		
Weight Enhancers	<input type="checkbox"/> No	<input type="checkbox"/> Yes		

Other processing aids/additives: No Yes, Specify: _____

IV Product Manufacture

Please let us know whether any animal-derived substances are used in the process of manufacturing this product (for example, bone charcoal used in sugar refinement, horse hair used during paper manufacture, ox-gut used for making silver foil,...) even though those substances might not end up as ingredients in the final product.

Yes, the following animal-derived substances are used in the process of manufacturing this product:

No animal-derived substance is used in the manufacture of this product

V Product Testing

V-1 Please let us know whether your product is/was tested in any way on animals, by your company or any other, in India or abroad:

Yes, this product *is* tested on animals. Details of animal testing (strike out not applicable):

1. Tested in India / Tested abroad
2. Tested just one-time / Routinely batch-tested
3. Tested by third party / Tested by us

No, this product is *not* tested on animals.

V-2 Are you aware whether the law does or does not require testing on animals for this products?

Yes, I am aware

No, the testing is carried out regardless of legal requirement

VI Product Labels

Please let us know whether any animal substance is used in the **labels and patches** (for example, leather patches on trousers) on this product.

Yes, the following animal-derived substances are used in labels or patches on this product:

No, this product does not use any animal-derived substances in its labels or patches.

VII Product Packaging

Please let us know whether any animal substance is used in the **packaging or decoration** of this product (for example, leather-binding for books, leather box/case, silk-lining for jewellery boxes,...)

Yes, the following animal-derived material is used in packaging and decorating this product:

No, this product does not use any animal-derived substances in its packaging and decoration.

VIII Product Marketing

Please let us know the regions in India and abroad where the product is marketed, for the benefit of our readers who might want to know whether this product is available in their localities:

IX Any further information you may like to provide:

X Statement of manufacturer

Form will not be considered if any information in this section is not supplied.

_____ certifies that the information provided by the under-
(9 Name of your company) signed person is factually true and accurate.

Details of person filling out this form:

10 Name: _____

11 Designation: _____

12 Signature: _____

13 Date: _____

Rubber stamp of Company

Check list

Before you mail this questionnaire back to us, please verify that you have ...

- ...Answered each and every Yes/No question in the questionnaire
- ...Provided supplier details wherever indicated.
- ...Filled in items 1–2 in the Details of Product section.
- ...Affixed the wrapper (item 3) of your product in the space provided.
- ...Filled in items 4–8 of the Manufacturer Details section on the front page.
- ...Completed the Statement of Manufacturer in each and every detail (name, designation, and signature of person filling out the form; rubber stamp of company; and date)

Remember, the questionnaire will be sent back to you for even one unanswered question or incomplete detail, delaying processing by us and the subsequent entry of your product in our publication.